



Electronic Data Interchange (EDI) Trading Partner Invitation

State Form 51400 (7-03)
Indiana State Department of Health

The Indiana State Department of Health (ISDH) is committed to conducting its business transactions with the health care provider community as efficiently as possible. Therefore, ISDH invites all participating providers to utilize Electronic Data Interchange (EDI), as is appropriate and practical. If you do not wish to conduct business electronically, please disregard the invitation.

In furtherance of that objective, an EDI Trading Partner Agreement and Profile are included for your review, execution, and return to ISDH. Only certain providers are required to become an Indiana State Department of Health (ISDH) trading partner. Please read the following descriptions to determine the scenario that best fits your situation. If appropriate, have your billing service or clearinghouse complete and return these forms on your behalf.

Providers who ARE required to become an ISDH Trading Partner:

Billing providers who exchange data electronically directly with ISDH using a software vendor must become an ISDH trading partner by completing the following two steps:

1. Complete an EDI Trading Partner Profile-Provider
2. Complete a Trading Partner agreement

Providers creating their own software to send or receive electronic transactions will be considered a software vendor and must test following the same testing and approval process as a software vendor.

Providers who are NOT required to become an ISDH Trading Partner:

Billing providers who exchange electronic data via a billing service or clearinghouse do NOT need to submit a trading partner agreement but will need to submit an EDI Trading Partner Profile-Provider. The billing service or clearinghouse is the trading partner and will need to submit an EDI Trading Partner Profile-Billing Service/Clearinghouse and Trading Partner Agreement.

Billing providers will still need to submit an EDI Trading Partner Profile-Provider as it contains information that is necessary for the process. Also, providers wanting to receive any outbound transactions via a billing service or clearinghouse, for example an 835-Remittance Advice, must send a completed EDI Trading Partner Profile-Provider form to the ISDH as authorization for the ISDH to release the provider's data to the billing service or clearinghouse.

If this scenario fits your situation, please follow the steps below:

1. Complete an EDI Trading Partner Profile-Provider and return it to the ISDH.
2. Forward the EDI Trading Partner Profile-Billing Service/Clearinghouse and the Trading Partner Agreement to your intermediary for them to complete.

Step 1. Complete an EDI Trading Partner Profile

The ISDH requires all providers exchanging electronic data directly or through an intermediary with the ISDH to complete and submit the EDI Trading Partner Profile. The EDI Trading Partner Profile is the tool the provider or its intermediary must use to notify the ISDH about the types of transactions they will exchange and the protocols they will use. After the initial setup, the EDI Trading Partner Profile - Provider Change Form will be used to inform the ISDH of any changes to their vendor software, billing service, or clearinghouse selection.

Step 2. Complete a Trading Partner Agreement

The trading partner agreement is a contract between parties who have chosen to become electronic business partners. The trading partner agreement stipulates the general terms and conditions under which the partners agree to exchange information electronically. If an entity is sending multiple transaction types electronically, only one signed trading partner agreement is required.

Billing providers using approved software products to exchange data directly with the ISDH are considered trading partners and must send a signed Trading Partner Agreement before they can send production submissions.

If a billing provider is submitting transactions through a clearinghouse or billing service, the clearinghouse or billing service is the trading partner and a trading partner agreement is not required from the individual provider. Please forward the enclosed EDI Trading Partner Profile – Billing Service / Clearinghouse form and Trading Partner Agreement – EDI to your intermediary for them to complete and return to the ISDH.

The completed document(s) must be signed and mailed to the following address:

**ISDH
Office of HIPAA Compliance
EDI Provider Relations, 3K
2 North Meridian Street
Indianapolis, IN 46204-3010**

Once the documents are received they will be evaluated for exchanging production data. The trading partner will receive written notification of approval. The written approval contains trading partner ID, login ID, password, and other communication information.

If you have any questions about these forms or about the process, please call 317-233-9803.

EDI will not be available for production submissions until October 16, 2003. Upon receipt of the Trading Partner Profile and Agreement, a member of the ISDH EDI staff will contact you concerning your EDI setup and testing.



Electronic Data Interchange (EDI) Trading Partner Profile - Provider

State Form 51401 (7-03)
Indiana State Department of Health

Provider of Service:

Name: _____

Address (include Suite): _____

City: _____ State: _____ Zip + 4: _____

Contact Name: _____

Phone: _____ Fax: _____

E-Mail: _____

Software Vendor (please complete this section if you will be using software, either purchased or developed internally, to transmit transactions directly to ISDH):

_____ Purchased (please complete the information below) _____ Developed in-house (do not complete below)

Name: _____

Address (include Suite): _____

City: _____ State: _____ Zip + 4: _____

Contact Name: _____

Phone: _____ Fax: _____

E-Mail: _____

Data Transmission / Retrieval Method (please complete if you will be submitting transactions directly from your office to ISDH):

___ Asynchronous Dial-up

___ FTP via PPP Dial-up Connection

Billing Service, or Clearinghouse Information (please complete this section if you are using a billing service or clearinghouse to submit transactions to the ISDH. Please forward the enclosed Trading Partner Profile-Billing Service/Clearinghouse and Trading Partner Agreement to your intermediary for them to complete):

Name: _____

Address (include Suite): _____

City: _____ State: _____ Zip + 4: _____

Contact Name: _____

Phone: _____ Fax: _____

E-Mail: _____

Indicate your request(s) for the EDI transactions below.

Inbound (sent from you to ISDH):

- ☐ Health Care Claim (837)
- ☐ Prior Authorization (278)
- ☐ Eligibility Request (270)
- ☐ Claim Status Request (276)
- ☐ Retail Pharmacy Prior Authorization (NCPDP)
- ☐ Retail Pharmacy Claim (NCPDP)
- ☐ Retail Pharmacy Eligibility Request (NCPDP)

Outbound (sent from ISDH to you):

- ☐ Payment Advice (835)
- ☐ Prior Authorization (278)
- ☐ Eligibility Request (271)
- ☐ Claim Status Request (277)
- ☐ Retail Pharmacy Prior Authorization (NCPDP)
- ☐ Retail Pharmacy Eligibility Request (NCPDP)

Remittance Advices are provided on a weekly basis ONLY and include claims submitted electronically and on paper.

Outbound Transaction Transmission
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All outbound transmissions indicated above will be sent to the provider of service. If you want outbound transactions to be sent via a clearinghouse or billing service, please initial below.

I am authorizing the outbound transactions indicated to be sent to my intermediary listed on page 1

Provider's Initials

Authorized Signature

Date

Title of Authorized Signatory

Remittance Address:
ISDH
Office of HIPAA Compliance
EDI Provider Relations, 3K
2 North Meridian Street
Indianapolis, IN 46204-3010
317-233-9803



Electronic Data Interchange (EDI) Trading Partner Profile - Billing Service/Clearinghouse

State Form 51441 (7-03)
Indiana State Department of Health

A provider of services has informed us that they would like to begin doing Electronic Data Interchange (EDI) transactions with the Indiana State Department of Health (ISDH). They have informed us that you are their Business Associate for their EDI transactions. Therefore, in order to begin the process, please complete this document and sign the EDI Trading Partner Agreement. Please return these documents to the address below. EDI will not be available for production submissions until October 16, 2003. Upon receipt of the Trading Partner Profile and Agreement, a member of the ISDH EDI staff will contact you concerning your EDI setup and testing. If you have already submitted a profile and an agreement to the ISDH you do not need to complete these forms again.

Billing Service / Clearinghouse:

Name: _____

Address (include Suite): _____

City: _____ State: _____ Zip + 4: _____

Contact Name: _____

Phone: _____ Fax: _____

E-Mail: _____

Indicate your request(s) for the EDI transactions below.

Inbound (sent from you to ISDH):

- ☐ Health Care Claim (837)
- ☐ Prior Authorization (278)
- ☐ Eligibility Request (270)
- ☐ Claim Status Request (276)
- ☐ Retail Pharmacy Prior Authorization (NCPDP)
- ☐ Retail Pharmacy Claim (NCPDP)
- ☐ Retail Pharmacy Eligibility Request (NCPDP)

Outbound (sent from ISDH to you):

- ☐ Payment Advice (835)
- ☐ Prior Authorization (278)
- ☐ Eligibility Request (271)
- ☐ Claim Status Request (277)
- ☐ Retail Pharmacy Prior Authorization (NCPDP)
- ☐ Retail Pharmacy Eligibility Request (NCPDP)

Remittance Advices are provided on a weekly basis ONLY and include claims submitted electronically and on paper. Outbound transmissions will only be sent with prior authorization from billing provider.

Data Transmission / Retrieval Method

☐ Asynchronous Dial-up

☐ FTP via PPP Dial-up Connection

Authorized Signature

Date

Title of Authorized Signatory

Remittance Address:
ISDH
Office of HIPAA Compliance
EDI Provider Relations, 3K
2 North Meridian Street
Indianapolis, IN 46204-3010
317-233-9803



TRADING PARTNER AGREEMENT - Electronic Data Interchange (EDI)

State Form 51402 (7-03)
Indiana State Department of Health

This document constitutes an agreement to the following provisions for exchanging Electronic Data Interchange (EDI) between the Trading Partner listed under the *Signatures* heading in this agreement and the Indiana State Department of Health (ISDH).

A. The Trading Partner agrees:

1. To conform to the requirements for *Administrative Simplification* as defined in the provisions of the *Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-91)*, and regulations promulgated there under and to take no action which adversely affects ISDH's HIPAA compliance.
2. That it will promptly notify ISDH of any and all unlawful or unauthorized disclosures of confidential information or protected health information (PHI) that comes to its attention and will cooperate with ISDH in the event any litigation arises concerning the unauthorized use, transfer, or disclosure of either confidential or protected health information.
3. That it will use sufficient security procedures to ensure that all transmissions of documents are authorized and protect all participant-specific data from improper access.
4. That it will ensure that all files transmitted comply with the appropriate national *Electronic Data Interchange (EDI) Transaction Set Implementation Guide, effective on the date of transmission, as provided by the Health Insurance Portability and Accountability Act (HIPAA) of 1996*.
5. That it will establish and maintain procedures and controls so that information concerning ISDH health plan participants, or any information obtained from ISDH, shall not be used by agents, officers, or employees of the trading partner other than for its sole intended purpose.
6. That the information stated in any EDI Trading Partner Profile(s) submitted with this Agreement, or subsequently is correct and complete.
7. That it will allow ISDH 30 days after receipt of written notice from the provider if there is any change in the trading partner representative or location where electronic transactions are sent.
8. That it is bound by written agreement with the provider to comply with state and federal law, if the trading partner is an intermediary for the billing provider.

B. ISDH agrees:

1. To conform to the requirements for *Administrative Simplification* as defined in the provisions of the *Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-91)*, and regulations promulgated there under and to take no action which adversely affects the trading partner's HIPAA compliance.
2. That it will use sufficient security procedures to ensure that all transmissions of documents are authorized and protect all participant-specific data from improper access.
3. That it will ensure that all files transmitted comply with the appropriate national *Electronic Data Interchange (EDI) Transaction Set Implementation Guide, effective on the date of transmission, as provided by the Health Insurance Portability and Accountability Act (HIPAA) of 1996*.

C. Both parties agree:

1. That documents will not be considered as received and no responsibility assigned until accessible at the receiving party's computer.
2. That upon receiving any documents, to prepare and transmit a timely response or an acknowledgment of transaction receipt. If acceptance of a document is required, a document is not considered received until an acceptance acknowledgement is returned.
3. To notify the other party within a reasonable time frame if any transmitted data are received in an unintelligible or garbled form.
4. That each party will provide and maintain the equipment, software, services, and testing necessary to transmit and receive documents.
5. To conduct business and perform as required by this agreement and any applicable rules or regulations.
6. That this agreement will remain in effect until terminated by either party with at least 30 days prior written notice. The notice will specify the effective date of termination, but will not affect the obligations or rights of either party prior to the effective date of termination. This agreement is automatically terminated in the event the trading partner or provider is disqualified through a federal administrative action or state action. That any document transmitted according to this agreement will be considered an original and signed when received electronically. Neither party will contest the validity or enforceability of signed documents under any applicable law concerning whether certain agreements must be signed in writing to be binding. Neither party will contest the admissibility of copies of signed documents under the business records exception to the hearsay rule, the best evidence rule, or the basis that the signed documents were not originated in documentary form.
7. That neither party will be liable for any special, incidental, exemplary, or consequential damages resulting from any delay, omission, or error in the electronic transmission or receipt of any document, even if either party has been advised such damages are possible.
8. That both parties will attempt to resolve any issues relating to this agreement.

D. Signature:

I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions and acknowledge same by signing below.

Trading Partner

Phone Number

Signature Completed by/ Title (Original Signature ONLY)

Address

Date

City /State/ZIP+4